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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590

09/02/2004

LESTER J. VINCENT
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SEVENTH FLOOR
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12/02/2004 NBEYENE2 00000042 240040 09419386

01 FC:1501 1370.00 DA

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| | |
|--------------------|--------------------|
| Pat Slaback | (Depositor's name) |
| <i>Pat Slaback</i> | (Signature) |
| December 1, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/419,386 | 10/15/1999 | BRIAN FOX | TRI-003 | 1198 |

TITLE OF INVENTION: CONFIGURATION IN A CONFIGURABLE SYSTEM ON A CHIP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---------------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$0 | \$665 #1370 | 12/02/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| BRADON, REGINALD GLENWOOD | 2188 | 713-001000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Blakely, Sokoloff,
Taylor & Zafman

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

XILINX, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Jose, California 95124

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Typed or printed name

Kim Kanzaki

Date: December 1, 2004

Registration No. 37,652

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